

## US Preventive Services Task Force: An Update on Current Activities

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Washington, DC

Preventive services are an important part of the daily clinical activities of family physicians. They include screening tests (eg, Papanicolaou smears, mammograms), counseling interventions (eg, smoking cessation), immunizations, and chemoprophylactic regimens (eg, estrogen replacement therapy). For many years, national medical organizations and government agencies have issued recommendations that specify how to perform such services, how often they should be repeated, and how often periodic health examinations should occur. Often these recommendations have been based on expert opinion. Only recently have efforts been made to develop recommendations for preventive services based on the quality of supporting evidence from clinical research.

### Instituting Guidelines

An important set of such recommendations was issued in the late 1980s by the US Preventive Services Task Force (USPSTF). The US Public Health Service (PHS) established the USPSTF in 1984 to develop preventive care guidelines based on a systematic review of existing scientific evidence and explicit criteria for recommendations. The strength of the recommendations was based on the quality of the supporting evidence found. This approach was based on the earlier work of the Canadian Task Force on the Periodic Health Examination.<sup>1</sup> The USPSTF released its final report, *Guide to Clinical Preventive Services*, in 1989.<sup>2</sup> The report provided detailed assessments of 169 preventive services and specified which services should be included in the routine care of children, adults, and pregnant women.

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### New USPSTF Panel

Scientific evidence for preventive services is constantly changing. The USPSTF recognized that its recommendations would eventually become outdated without an ongoing program of reevaluation. In 1990, the PHS established a second panel\* to continue the work of the USPSTF. The mission of the new panel is to evaluate the effectiveness of clinical preventive services that were not examined previously by the USPSTF. It also reexamines previously addressed topics for which there is new scientific evidence or new technologies that merit consideration.

The new USPSTF panel includes eight primary care physicians (specializing in internal medicine, family practice, pediatrics, and obstetrics-gynecology), an epidemiologist, and a medical decision analyst. Content experts also work with the panel during its evaluation of specific topics. Representatives of medical specialty societies and federal health agencies serve as staff liaisons. The panel also maintains a close relationship with the Canadian Task Force on the Periodic Health Examination. Senior advisors to the USPSTF, including the former members of the first USPSTF panel, provide analytic expertise on methodology. The Office of Disease Prevention and Health Promotion, which is located within the PHS Office of the Assistant Secretary for Health, provides staff support.

The new USPSTF panel shares the commitment of the original group to using systematic methods for developing guidelines, basing them on scientific evidence, and documenting the analytic criteria and rationale. A formal methodology and explicit criteria are used to select topics, evaluate the effectiveness of preventive services, and judge the quality of supporting evidence. Factors other than clinical evidence, such as expert opinion, costs, and feasibility issues, are also considered. In general, the USPSTF does not recommend preventive services that lack adequate sci-

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*\*For a brief period, the new panel was known as the Expert Panel on Preventive Services (EPPS).*



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entific evidence of effectiveness. USPSTF recommendations are distributed to outside experts for careful peer review to confirm scientific accuracy. The details of the methodology of the new panel are described elsewhere.<sup>3</sup>

### Types of Preventive Services

The types of preventive services that are examined by the USPSTF include those services that are offered to asymptomatic persons (ie, lacking clinical evidence of the target condition) in clinical settings. Topics under current study include screening for adolescent idiopathic scoliosis, routine use of iron and vitamins during pregnancy, measles vaccination, *Hemophilus influenzae* type B vaccination, hormone replacement therapy for women, home uterine monitoring for premature labor, screening for prostate cancer, screening for human immunodeficiency virus infection, and screening for abdominal aortic aneurysms. The panel has not yet completed its evaluations of these preventive services. The USPSTF will publish its recommendations in journal articles and in updated editions of the *Guide to Clinical Preventive Services*.

### Other Practice Guidelines

The USPSTF is one of many groups that are issuing practice guidelines on clinical preventive services. Other projects within the federal government include the practice guideline development program of the Agency for Health Care Policy and Research<sup>4</sup> and special programs at the National Institutes of Health and Centers for Disease Control. A number of medical organizations and groups outside the federal government also produce practice guidelines, and many of these address clinical preventive services. These groups include medical specialty societies, academic centers, and private health care organizations.<sup>5,6</sup>

### Implementation and Dissemination

Issuing recommendations on preventive services does not, by itself, ensure implementation. Important factors that affect physician compliance include lack of awareness of recommendations, disagreement with recommendations, and practical barriers (eg, lack of reimbursement, time pressures, inability to remember guidelines, limited patient access to care).<sup>7</sup>

The USPSTF lacks the resources to address these important issues. However, it works closely with other groups that are examining strategies to promote the delivery of preventive services. Such groups include the US Preventive Services Coordinating Committee, a group of over 30 medical organizations established by the PHS in

1989 to study implementation barriers; programs of individual medical specialty societies; and special projects, such as "Put Prevention into Practice," a national preventive services campaign being developed by the PHS.<sup>8</sup> The Agency for Health Care Policy and Research has recently sponsored research to develop better techniques for disseminating practice guidelines to clinicians and for facilitating changes in practice behavior.

These developments are important for family physicians, who provide a large proportion of clinical preventive services and who need to be kept informed of current recommendations. USPSTF staff are currently developing plans for disseminating new recommendations to family physicians and other providers. Family physicians are also playing an important role in the development of USPSTF recommendations. The panel includes two family physicians and a staff liaison appointed by the American Academy of Family Physicians. Family physicians also serve as USPSTF senior advisors, as peer reviewers, and as members of groups addressing implementation issues. This collaboration will help the USPSTF develop recommendations that are relevant to current practice conditions. It is hoped that such efforts will achieve the ultimate goal of improving the quality of preventive care in the United States and reducing the incidence of preventable disease and disability.

NOTE: The new members of the US Preventive Services Task Force are Harold C. Sox, Jr, MD (Chairman), Dartmouth-Hitchcock Medical Center; Donald M. Berwick, MD, MPP (Vice-Chairman), Harvard Medical School; Alfred O. Berg, MD, MPH, University of Washington; Paul S. Frame, MD, Tri-County Family Medicine; Dennis G. Fryback, PhD, University of Wisconsin-Madison; David A. Grimes, MD, University of Southern California; Robert S. Lawrence, MD, Harvard Medical School; Robert B. Wallace, MD, University of Iowa; A. Eugene Washington, MD, MSc, University of California, San Francisco; and Modena E. H. Wilson, MD, MPH, Johns Hopkins University.

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